

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-018298

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4440**

STATE FILE NUMBER

FILED MAY 3 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis**

Length of stay in 1b
185 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Chronic Hospital**

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. CITY **St. Louis**

c. CITY OR TOWN **St. Louis**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS **2231 Biddle** (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First **Will**

Middle

Last **Taylor**

4. DATE OF DEATH

Month **April**

Day **20**

Year **1963**

5. SEX
Male

6. COLOR OR RACE
Negro

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH **3-27-1904**

9. AGE (last birthday) **59**

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HOURS
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Laborer

10b. KIND OF BUSINESS OR INDUSTRY
Goodwill Industry

11. BIRTHPLACE (City and state or country)
Alabama

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Will Taylor

13b. MOTHER'S MAIDEN NAME

Mariah

14. NAME OF HUSBAND OR WIFE

Millie Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Millie Taylor 2231 Biddle Apt 808

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c):

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Dissection of left lung

INTERVAL BETWEEN ONSET AND DEATH
1 month

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Empyema, left

1 month

DUE TO (c)

Diabetes mellitus

260x

unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).

late latent lues, treated

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **10-17-62** to **4-20-63** and last saw her/him alive on **4-20-63**

Death occurred at **9:40 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Arthur H. Driskel MD

22b. ADDRESS

7500 Denmore, 19

22c. DATE SIGNED

4-22-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

April 25, 1963

23c. NAME OF CEMETERY OR CREMATORY

Washington Park Cemetery

23d. LOCATION (City, town, or county)

St. Louis County

(State)

Mo.

24. FUNERAL DIRECTOR

1221 N. Grand Blvd.

25. DATE RECD. BY LOCAL REG.

APR 22 1963

26. REGISTRAR'S SIGNATURE

Carl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Oliver E. Crumbe

Licensed Embalmer No.

5185

P. O. Address

1221 N. Grand Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.